



Connected Community
Enhanced Livability
Environmental Sustainability

July 15, 2025

Supervisor Stuart
Redmond CFD No. 2014-01
15670 NE 85th Street
PO Box 97010, MS 4NEX
Redmond, WA 98073-9710

Re: Community Facility District 2014-1 Approval of 2025 Insurance Invoice

Supervisor Stuart:

Please approve the payment of the attached invoice related to Community Facility District 2014-1 (CFD 2014-1). The following is a summary of the attached invoice:

- Travelers Invoice No. 3306F2227June2025 for \$480.00 for 06/05/2025-06/05/2026 liability insurance.
 - The policy is a one-year term. The policy provides Crime Coverage for \$1,000,000, and the Employee theft single loss limit is \$1,000,000 with \$25,000 Loss Retention.
 - The next renewal invoice is due in June 2026.

If you have any questions or concerns, please contact me at 425-556-2180.

Sincerely,

Nida Hermoso, Finance Manager (Accounting)

cc: Kelley Cochran, Director of Finance

TRAVELERS
LEAVITT GROUP NORTHWEST
PO BOX 833
AUBURN, WA 98071

Billing Account 3306F2227
Statement Date 05/16/25

REDMOND COMMUNITY FACILITIES DISTRICT #
CITY OF REDMOND ACCOUNTS PAYABLE
PO BOX 97010
REDMOND, WA 98073

Policyholder: REDMOND COMMUNITY FACILITIES D

Minimum installment payment due
by 06/05/25
\$480.00

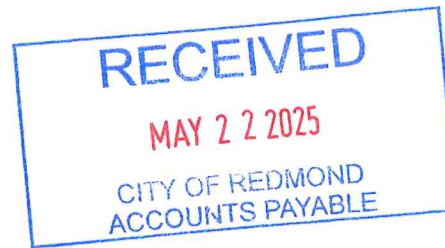
Thank you for your last payment,
received on 07/11/24
\$-480.00

Total remaining balance
\$480.00

Switch to paperless,
visit mytravelers.com

! IMPORTANT MESSAGES

You have no important messages at this time.



Make a quick, easy payment. Scan this QR Code

- Manage your account, view policy details & transaction history
- Enroll in automatic recurring payments
- Change your mailing address and more!

WE VALUE AND APPRECIATE YOUR BUSINESS, THANK YOU!

Avoid mail delays, make a payment today - scan the QR Code above or call our direct payment line 877-307-4202

If paying by check, cut at dotted line above and include this payment coupon with your check.

648842H 2025136 1008 3710L8095

TRAVELERS

Billing Account:
3306F2227

Total remaining balance:
\$480.00

Payment must be received by:
06/05/25

Mail payment to:

TRAVELERS CL REMITTANCE CENTER
PO BOX 660317
DALLAS, TX 75266-0317



Minimum payment due: **\$480.00**

Amount enclosed: **\$**

Please write the billing account number on the check
and make payable to: Travelers

9933333036063232323740393939391700004800000004800011

Billing account summary

POLICY	POLICY NUMBER	POLICY PERIOD	MONTHLY PREMIUM	ANNUAL PREMIUM
 LIABILITY	0106314758 LB	06/05/25 - 06/05/26	\$480.00	\$480.00
Total premium			\$480.00	\$480.00
Installment fee			\$0.00	
Minimum installment payment due			\$480.00	

For transaction history, policy & account details, visit mytravelers.com

Additional messages







If you are paying with a check from a Personal Checking Account, you authorize us to either use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check. If you are paying with a check from a Business Checking account, we will process the payment as a check.

Insuring company

POLICY	POLICY NUMBER	INSURING COMPANY
 LIABILITY	0106314758 LB	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Need assistance?

Do you have questions about your bill? Would you like to talk to someone about your payment plan? We're here to help, contact us.

 Travelers Business Insurance Billing Team 
 CLDDIRECTBILL@travelers.com
 travelers.com/contact-us
 877-307-4202 (direct payment line)
 800-252-2268 (billing questions)

 Your Travelers Agent
 LEAVITT GROUP NORTHWEST
 WWW.LEAVITT.COM/
 253-267-8822 (policy and coverage questions)

(Need assistance continued on page 3)

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Need assistance? (continued)



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WE VALUE AND APPRECIATE YOUR BUSINESS,
THANK YOU!

